

New Recommendations for Prevention and Control of Tuberculosis (TB) in Child Care Facilities

The purpose of this notification is to alert you to changes in the recommendations for prevention and control of TB in child care facilities. The new recommendations emphasis is on assuring that child care workers with latent TB infection are known to the local health departments and linked to the best and most current information on the prevention of TB. The new recommendations are summarized and explained below:

- Child care workers will no longer need to have annual Tuberculin Skin Tests (TSTs). Child Care workers will need a TST, performed no more than 12 months prior to the individual beginning work in a child care facility.
 - Rationale: The TST is reasonably accurate when used in high-risk groups. However, the lower the risk group, the less accurate and reliable the TST results. Therefore, the Centers for Disease Control and Prevention (CDC) have discouraged use of TST screening on low-risk individuals. Working in a child care facility is not considered a high-risk occupation for TB. Baseline TSTs will help assure that child care workers are not spreading TB to this vulnerable population. However, annual TSTs are not recommended for low-risk occupations. A far more effective use of resources in preventing TB outbreaks in child care is to focus attention on the workers with positive TSTs at baseline and assure they are evaluated and treated.
- Child care workers with positive TSTs no longer need annual chest x-rays.
 - Rationale: Annual signs and symptoms reviews have been found to be more effective and less costly than annual chest x-rays. Many other settings, including health care, nursing homes, schools, and correctional facilities, request an annual signs and symptoms review instead of chest x-ray screening.
- Child care workers with positive TSTs will need to have a completed TBC-4 signed by a nurse at their local public health agency. Child Care workers with positive TSTs will also need an “Annual Statement for Tuberculin Reactors” (with a signs and symptoms review) completed each year by an LPHA nurse.
 - Rationale: This will assure that the child care worker has received a chest x-ray and medical exam to rule out active TB disease, has access to TB infection treatment and monthly monitoring for hepatotoxicity at no charge (this refers to access to LPHA nurse evaluation; funds are not available from the State TB Program to provide liver enzyme testing), has access to LPHA staff with expertise in TB prevention and control, and that the TB infection case has been reported according to state rule.

LPHA staff, particularly communicable disease nurses or TB clinics in our metropolitan areas, should expect to accommodate child care staff requesting a visit with a nurse to review and sign a TBC-4 (the standard TB infection reporting form) or an Annual Statement for TB Reactors. These forms can be found at:

TBC4 - <http://www.dhss.mo.gov/TBManual/File10.pdf> - page 8 and 9.

Signs and Symptoms - <http://www.dhss.mo.gov/TBManual/File10.pdf>- page 30.

Annual Statement for Reactors - <http://www.dhss.mo.gov/TBManual/File10.pdf>- page 19.

Please feel free to call the Missouri TB Control Program at 573-751-6113 with any questions.